Asian American Pacific Islander Tobacco Coalition

Of Washington State

Tobacco Assessment Report of

AAPI Community Key-Informants

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AAPI COMMUNITY TOBACCO ASSESSMENT

INTRODUCTION:

In Washington State, 8,202 of the 41,429 deaths in 1997 have been attributed to smoking (*Tobacco & Health* 1999). More than 20% of Washington adults continue to consume tobacco despite knowledge about its harm. The *Healthy People 2010* goal for tobacco use is to reduce current smoking among adults by 12%. In Washington State, the goal is to reduce the proportion of adult current smokers by 3% per year from 2001 to 2010 (Tobacco Use and Exposure, Briefing Paper). The Behavioral Risk Factor Surveillance System (BRFSS) found that cigarette consumption remained constant among Washington's adults throughout the 1990s, and by 2000, with approximately 20.7% (+/- 1.3%) having reported cigarette consumption every day or some days. Smoking was not significantly different among adult in urban or rural areas, and the lower the income and education the higher the prevalence of smoking. Older youths and young adults were more likely to be smokers regardless of gender. Native Americans had the highest prevalence of smoking and Asian Americans and Pacific Islanders (AAPI) reportedly had the lowest. But the enormous ethnic diversity, national origins, regional differences, languages, acculturation dynamics, and gender factors within the vast AAPIs category diminish a more valid assessment of their tobacco-related behavior.

AAPIs are one of the fastest growing and most ethnically diverse minority groups in the United States, comprising more than 30 distinct ethnic and language groups. By year 2050, population projections are the AAPIs will number 41 million or 10.7% of the total population. Today, Washington ranks in the top ten states with the most AAPI's, currently in seventh place. It is estimated that by 2020, AAPI's will make of 10% of Washington's population. Washington State 2000 Census figures reveal that there are 438,502 Asian and Pacific Islanders, those who identify themselves as one race or in combination with one or more other races, comprising 7.4% of the state's population. 73.8% of AAPI's live in either King, Pierce or Snohomish Counties and account for 12.96%, 7.75% and 7.3% of these county's populations respectively. AAPI's make up 15.4% of Seattle's population and 10.5% of Tacoma's. Based on the 2000 Census data, Filipino (18.9%), Chinese (17.3%), Korean (13.5%), Vietnamese (13.3%), Japanese (10.4%), and Asian Indian (6.9%) are the largest AAPI ethnicities in Washington State.

The relationship between cigarette smoking and lung cancer has been well documented. Although national surveys suggest a low prevalence of cigarette smoking in the Asian American Pacific Islander (AAPI) population, these statistics are misleading. First by focusing on aggregated data, the severity of the tobacco problem among Asian American Pacific Islander men is obscured by the low prevalence of tobacco use in AAPI women. Second, selection biases in telephone surveys conducted in English exclude recent immigrants who are not proficient in English but who represent a significant proportion of the AAPI population. Third, studies conducted in native languages demonstrate that smoking prevalence is higher among persons with limited English language proficiency, more recent immigrants and males (Jenkin, 1990; McPhee, 1995; Chen, 1993).

1997 data revealed a national smoking rate of 24% for men, however studies conducted in California and the Pacific Islands showed significantly higher rates for AAPI men: Cambodian 71%, Chinese 28%, Chinese-Vietnamese 55%, Filipino 24% (29.2% 25-44 y/o, 25.8% 45-63 y/o), Korean 39%, Lao 72%, Native Hawaiian 42%, Samoan 50%, and Vietnamese 35-56% (APPEAL 1997).

METHODS:

AAPI community members began meeting together in the fall of 1997 to address the issues of tobacco use and prevention in the AAPI community and formed the AAPI tobacco coalition. In the summer of 1999 the AAPI tobacco coalition grew to include representation in King and Pierce County with the purpose of continuing to further these efforts and to develop capacity with in the AAPI community. Members of the coalition are from both King and Pierce County and work with the AAPI community either in their jobs and/or through their community involvement. Several of the members also address tobacco prevention in their daily work as part of their job description. Many of the members have participated in the Asian Pacific Partners for Empowerment and Leadership (APPEAL) Program, which has further strengthened their commitment to work on the issue of tobacco prevention in the AAPI community. Organizations represented on the AAPI Tobacco Coalition include: Indochinese Cultural and Services Center (ICSC), International Community Health Services (ICHS), Korean Community Counseling Center (KCCC), Korean Women's Association (KWA), My Service Mind (MSM), Neighborhood House, Public Health Seattle King County (PHSKC), Tacoma Pierce County Health Department, University of Washington School of Public Health, and Washington Asian Pacific Families Against Substance Abuse (WAPIFASA).

When the Washington State Department of Health (WA DOH) decided that each of the priority of populations conduct a community assessment, this project was brought to the AAPI tobacco coalition. Members of the AAPI Tobacco Coalition were asked if they would like to participate in the AAPI community tobacco assessment. Nine members volunteered to serve on this work group, and it was this group that determined the method used for conducting the AAPI community tobacco assessment. After reviewing the 40 "Basic Field Questions" proposed by the Cross Cultural Health Care Program, members of the committee selected their top 10 question choices. It was felt that in order to obtain valuable in depth information regarding tobacco use in the AAPI community, while maintaining the richness of the interviews, it would be inappropriate to ask all 40 questions that had been proposed. The individual choices were recorded, and the questions that received the majority of the votes were tallied. Additional questions were added to address the AAPI community's needs, and the 15 draft questions were placed under one of five categories that addressed the major tobacco issues: tobacco and community, tobacco prevention, tobacco cessation, tobacco media, and tobacco policy. Committee members met to discuss the 15 draft questions, and these questions were revised, reworded, edited, and combined in order that they would be more understandable to the interviewees. From these revisions, the committee came up with the final 12 interview questions (see Appendix).

Due to limited funding for this project, only key community leaders who were fluent in English were selected to be interview. Significantly more financial resources would have been required to train bilingual individuals to conduct the interviews, to transcribed the interview tapes in the native languages, and to then back translate into English for accuracy. The committee identified seven AAPI ethnic groups that they felt should be interviewed, however the decision to interview only seven groups was based on financial constraints. These groups were selected based on multiple factors: size of the ethnic community in Washington, large immigrant population, limited fluency in English, decreased likelihood of accessing mainstream organizations, and the client population currently being served by many of the AAPI community organizations. The seven AAPI ethnic communities interviewed were the Cambodian, Chinese, Filipino, Korean, Lao, Samoan, and Vietnamese. A category called "other" was also created for key tobacco informants in the AAPI community who did not belong to one of the seven ethnic groups. A decision was made to conduct three interviews in each ethnic community, except for the "other" group. Ideally, additional interviews would have been conducted in each ethnic community in order to obtain the viewpoints and opinions of more community members, however due to limiting funding only three interviews per group could be conducted. In order to obtain the perspective of both the adults and youth in the community, it was decided that two adults and one youth/young adult should be interviewed in each community. The term youth was defined as someone who was a teenager, while young adult was defined as age 19-25 years of age. Committee members identified adults and youth within each ethnic group that should be interviewed, and additional names were submitted in each group in the event that the original interviewees could not participate. Representation from both King and Pierce County was attempted for each group interviewed.

DEMOGRAPHIC INFORMATION:

A written demographic questionnaire was given to each of the interviewees that consisted of 19 questions. A total of 23 people were interviewed, 16 adults and 7 youth/young adults. Fourteen of the interviewees were female and 9 were male. The age of the interviewees ranged from 16-65 years old with a mean age of 34.6 years. The mean age for the youth/young adults was 20 years old, while the mean age for the adults was 41 years old. Thirteen of the interviewees were married, 9 were single, and 1 responded not sure. Fourteen of the 23 interviewees were born outside of the USA or its territories, 3 were youth/young adult and 11 were adults. The number of years lived in the US for these 14 interviewees born outside the US ranged from 8-44 years, with a range of 8-20 years for the youth/young adults and 14-44 years for the adults. When looking at language preferences, 11 of the interviewees reported that they spoke English better than their native language, or only spoke English, 4 reported they spoke English and their native language equally well, and 7 reported they spoke their native language better than English. Looking at education level of the youth/young adult interviewees, 3 were still in high school, 2 were in college, and 2 had graduated from college. For the adults, all of the interviewees had completed high school and had attended at least two years of college, 2 interviewees had a 4-year college degree, and 9 had attended graduate school. All of the adult interviewees

were currently employed. Total household income (pre tax) for the interviewees were as follows: $15,000- 24,999 three interviewees, $25,000-34,999 four interviewees, $35,000-49,999 two interviewees, $50,000-69,999 six interviewees, and over $70,000 eight interviewees. When asked about smoking status, 11 of the interviewees reported they had smoked in the past (2 of these respondents were youth who wrote comments in that they had "tried" smoking or had smoked a "few times"), however only 1 person currently smoked. Eight of the interviewees currently had someone in their household who smoked.

CAMBODIAN ASSESSMENT

Three Cambodian interviews were completed. Subjects were one male adult, one female adult, and one female teen. All three interviewees were from Pierce County. Both adults were born in Cambodia. The female adult had been in the US for 14 years while the adult male had been here for 20 years. The Cambodian teen was born in the US.

All respondents saw tobacco as a problem in the Cambodian community. The youth interviewee specifically mentioned tobacco as a problem for elders and teens: *"The older ones don't listen when the teens tell them it's bad. They think they will die anyway because they are old. Teens do it at first to get attention and be in the "in crowd" but then they get addicted."* The other interviewees mentioned smokers of all ages and one even stated *"…most of my people in the community have a higher number of smoking than any other Southeast Asian group. All my nephews smoke or used to smoke - my brother and all my five nephews smoke."*

Two respondents replied that it did not appear to them that the members of their community wanted to quit smoking. One said that this reluctance may be because, *"I think it's a way for them to relieve stress or they use it as an excuse for them to reduce the stress – like a relaxation medicine for them."* Another said that yes, the community does want to quit,

> *"…but for the adult population - they tend to be shy in a group or classroom setting, to talk about private life. When it comes to the class - maybe they don't want to see allot of other people from the community when they talk about their problems, so they don't show up. As for the youth, most youths, if they have allot of information about quitting - especially API information that they are comfortable looking at - then, most teenagers I talk to want to come (to classes). They understand it's for their health and it's getting too expensive. Some say they don't want to come because most of their peers smoke. When most of their peers smoke, then they tend to stay away from a non-smoking environment."*

Each of the interviewees named only zero to two individuals that were working in the community toward tobacco prevention efforts. Two identified the Cambodian New Years Festival as an important event that needed to be included in tobacco education efforts since so much smoking occurs at this festival. The New Year celebrations are held on or near the temple grounds. Two people mentioned that involving the monks from the Cambodian temples in making changes in the community's perception of

tobacco would be crucial in gaining acceptance among the Cambodian community that tobacco is harmful:

> *"I see that the Cambodian temple needs to be involved to make some changes. Most every event, especially Cambodian New Years - a large number of our population that attend the Festival, they tend to gather in groups and meet at those times of year to socialize and then they tend to smoke. People look up to the monk with respect and when the monk smokes, they think, 'It must be okay for me to smoke.' So, if we can get the monks involved, educate them about tobacco, then maybe people will realize that tobacco is not such a good thing."*

Other key individual's that were identified as needing to be involved. The teen respondent stated, *"Party club promoters need to be involved because people in clubs smoke allot."* Also, the adult interviewees thought that workers in Khmer Community agencies needed to be involved in tobacco prevention.

The Indo-Chinese Cultural and Services Center (ICSC) was the only agency that was named in the area as specifically working with Cambodians in tobacco prevention. Regarding AAPI's involved in general tobacco prevention, two local agencies, Korean Woman's Association (KWA) and My Service Mind (MSM), were mentioned. The call was loud and clear that more community agencies and groups were needed to be involved in making changes regarding the tobacco problems, especially at community events like the Cambodian New Years Festival or to bring special events to the community like Kick Butts Day for youth. Specific agencies that are influential in the Cambodian community were identified as important to be involved, such as: Asian Counseling Services, Khmer Community of Tacoma, Hilltop Action Coalition, Youth Cambodian Classical Folkdance Group and the United Cambodian Association for Development.

Two respondents firmly stated that the attitude of the Cambodian community was that tobacco prevention efforts were not a priority. The youth interviewee said that it might be in the top five but certainly not at the top. One person replied,

> *"There is no support I guess. Time and space, I think, would be offered, but money and then staff time from small agencies would be hard – tobacco is not so important or relevant to them. They prioritize what's most important to them. In a social service agency, they are not going to think about tobacco prevention unless there is money attached to it."*

While the Cambodian youth that was interviewed identified leaders in the community who were involved in prevention efforts, the adult respondents could not name any - this perhaps is a relative concept, as to who would be of age and stature, compared to the informant, to be defined as a leader.

Strengths of the Cambodian community to support tobacco prevention and control were: interests in cultural traditions, respect for their religious beliefs and the Buddhist monks, and having a community agency that is already engaged in tobacco prevention and control efforts. One adult respondent counseled,

"They care allot about their family members so if we can educate them and make them understand how this effects their children – because their children are the most important thing to them – then they will do anything for their children. So if try to deliver prevention and education efforts, go in that direction to get buy in."

The barriers to tobacco prevention and control given were numerous: the need for more education at an earlier age; the perception that tobacco takes a long time to affect people; the need for stress reduction in the lives of many Cambodians. Also, the enculturation of the use of tobacco was seen as a problem,

"Tobacco has been part of our culture for so long. We use it in our ceremonies (weddings and engagements). For a modern family, for every day, they have cigarettes for their guests. At the ceremony, they are offered chew with the betel nut and everyone who is an adult (ceremony elders) will participate, (used in engagement and wedding ceremonies and offered as hospitality to guests)."

Also, the perceived higher costs of quitting (with use of the patch or other quitting aids) versus the cost of tobacco products were mentioned as a barrier:

"They think it costs more to quit. I recommend the patch – they complain 'I don't have the money to pay $50 for the patch, but I can afford $3 a pack or less for loose tobacco,' which is still popular."

Examples of tobacco prevention and control that already exists in the Cambodian community ranges from neighbors telling any younger persons to stop, cessation class, environmental tobacco smoke education for families, teen peer education programs, and compliance check on local stores to prevent youth access.

Suggestions for what would help to bring tobacco prevention and control to the Cambodian community were to use the cultural interests to draw people into tobacco education events and to fund local Khmer and community agencies so that they could dedicate more staff time towards this purpose.

All those questioned agreed that there were places that the Cambodian community, as well as the other Asian Pacific Islanders communities, where assistance in quitting tobacco use could be found. They also mentioned barriers such as cultural norms that dictated it is inappropriate to discuss your problems in public (hence some adults and elders shy away from classes and support groups) and also the tendency for the community to only go to sources that they are familiar with.

Other ways to encourage cessation in the community were given. Cambodian stores could have Cambodian language counter advertising messages and could even use universal symbols or pictures for getting across a "smoking is bad for you" message. Video rental "trailers" with tobacco prevention messages were recommended. It was suggested that low-income families in the Cambodian community needed incentives such as free meals or prizes, before they would attend informational meetings about tobacco. Curriculums need to be translated into the language in which the smoking cessation or tobacco prevention class is being taught. It was suggested that more

community agencies needed to be involved in this work and easier access to nicotine patches should be made available for the community. When one interviewee was asked how to make these changes in the community, the response was*:*

> *"I'm struggling with that myself. I'm still having problems with how to get this into my community. I'm still in the learning process. More money needs to be given to different communities who have different needs - without money, we can't get people to do the work."*

None of those interviewed felt that the Cambodian community was being specifically targeted, but two said that the AAPI community was targeted by the images chosen for ads or by the neighborhoods where the ads were placed. There was also concern about the targeting happening in Cambodia and how this encourages the Cambodians that visit there to purchase cheap cigarettes and bring them back to the United States.

Two respondents as a media method that would reach Cambodian families suggested advertisements on videos. Also, the Cambodian newspaper and "word of mouth" were named as the best ways to get the word out in the community. For youth, school newspapers were identified as an important source for reaching youth and teaching the parents to change their behavior was listed as important steps toward convincing the teens to change their tobacco habits.

No smoking on: school campus, inside public buildings, in designated restaurants, at the workplace, in an airplane, or in bars in California were all given as examples of tobacco regulations. Also listed were the laws concerning needing to be 18 years old to be able to buy tobacco products and that it is illegal for stores to sell tobacco products to minors.

While some thought that the smokers in the community know where they can and can't smoke - they also thought that perhaps most of the Cambodian community did not understand all of the tobacco rules and regulations, such as youth tobacco possession laws. The teen interviewee stated that if a teen is seen smoking, community members will *"tell you to put it out!"*

CHINESE ASSESSMENT

Three Chinese interviews were conducted. Interviewees consisted of one female young adult, one adult female, and one adult male. All interviewees were born outside the United States (both women were born in Taiwan and the male was born in Vietnam) but all have been in the US for over twenty years. All of the participants are involved in the Chinese community both through work and participation in community groups and activities.

All of the interviewees saw tobacco as a problem in the AAPI community, and also felt that it was a problem in the Chinese community. Tobacco use was seen as a problem that affected men more than women. *"Most of the men do smoke, I mean Chinese men, I don't have the official numbers but roughly guessing its about, I would say 75%..."* Another interviewee commented *"It is more pronounced with males and it*

always has been. Culturally its always has been with business interactions and things like that. Males are just more, smoking is more likened to, linked to men." However one interviewee felt the country of origin for women affected their smoking behavior,

> *"For SE Asia Chinese, that could include Chinese from Vietnam, Thailand, or Laos, women not really smoke as much as I thought like the Chinese from mainland China. Hong Kong new generation girls or teenagers most likely smoke, but the adult women no."*

Another interviewee commented on the culturally reasons she felt that tobacco use was less in women,

> *"I think there's some social influence, expectations in the community. I recall growing up and kind of being told, well if you smoke then you belong to that group of girls or women, so I think it tends to, unfortunately kind of support a stereotype."*

Additional factors which influenced smoking behavior were country of origin, immigration status, number of years in the US, educational level, and age.

When asked if Chinese smokers were interested in quitting, all interviewees felt that smokers realized that it was bad for their health however only one person felt that they wanted to quit. One of the interviewees who is a current smoker made the following comment,

> *"Since I know some people around this area, the last few weeks I've been telling them that I'm going to be quitting smoking, but then most of them the age group that I talk to are like 30 years old up say it's going to hard, its going to be difficult, apparently they know the harmful of the cigarettes but it's just also a cultural thing, a social habit, and also boring they said, Sometimes it's so boring then in order to stop the boring you light the cigarette...They don't want to try to stop even though they know it's bad."*

Another interviewee commented on the issue of cutting back versus actually quitting.

> *"There's like this sense that the more you smoke, then that's when you would have a problem, so it's almost like if it's in excess, but if it's in moderation then it's not too bad... I think those beliefs are actually grounded in traditional Chinese health, Chinese health beliefs and this issue of balancing, ying yang, hot cold and this issue of moderation stems from that to some degree."*

All interviewees named zero individuals on the local level who are working on tobacco control in the Chinese community. One interviewee mentioned Moon Chen as an individual who is working on tobacco prevention on the national level for the larger Asian American Community. Key individuals in the Chinese community that were identified as needing to be involved were Cheryl Chow, Bob Santos (who is very active in Chinatown but not ethnically Chinese), Tran Duc the owner of WE MAR market, the owner of China First Restaurant, Assunta Ng the owner and editor of the Asian Weekly, Sam Ong, and presidents of various Chinese organizations as well as the Chinese merchants. One interviewee commented that leaders in the Chinese community who are able to bring about change, tend to think this is not an issue in

the community as they do not interact with the smokers on a regular basis and thus the problem tends to be overlooked.

When asked to identify organizations in the Chinese community involved in tobacco prevention, one interviewee mentioned ICHS while the other two interviewees could identify none. One interviewee mentioned APPEAL who is working on tobacco control on the national level for the larger Asian American community. Organizations that were mentioned that needed to be involved included Asian Counseling and Referral Services (ACRS), Indochinese Association, Chinese Information Service Center, Chinese Merchants Association, and a church located in the International District. One interviewee commented that for many of the Chinese organizations the primary function was more social as well as a type of support rather than promoting change within the community. Another interviewee who is a board member of the Organization of Chinese Americans felt social justice issues were her organization's top priorities and tobacco wasn't seen as a big issue. She felt that this attitude stemmed from lack of knowledge about the impact of tobacco in general and how it affect the Chinese community*, "there is that mentality where people feel like it's their choice, smokers choice to smoke, if they do then it's their problem, it's not related to us, it's your right to do what you want to do."*

Strengths of the Chinese community which were identified as supporting tobacco control and prevention included the fairly high literacy rate, powerful community organizations which have a lot of sway in the Chinese community, and the fact that many of the new immigrants utilized the various social service agencies.

A number of barriers or weaknesses were identified within the Chinese community that hindered the tobacco prevention and control efforts. These included: the composition of the Chinese community in regards to country of origin (China, Taiwan, Hong Kong, SE Asia), varying languages and dialects spoken resulting in people within the Chinese community being unable to communicate with one another, a lack of awareness, unwillingness of individuals to commit their time or resources due to their demanding work schedules, a lack of resources, unwillingness of different groups together due to a fear that they will have to sacrifice some of their benefits, and the fact that tobacco was not seen as a priority in general and in the Chinese community.

When asked what tobacco prevention and control activities currently exist in the Chinese community, two of the participants mentioned tobacco prevention work being done by Alison Shigaki at ICHS. One interviewee particularly mentioning ICHS' Chinese cessation classes. The other interviewee was not aware of any activities currently existing, but hoped that ICHS would institute these activities. When asked what they felt needed to be done around tobacco prevention in the Chinese community, building capacity within the community, increasing available resources, increasing awareness of the tobacco problem, providing education, and media outreach were all mentioned. One interviewee felt that the recent Cantonese speaking immigrants should specifically be focused on due to their large numbers in the Seattle area.

When asked where those in the Chinese community would turn for help to quit using tobacco, acculturation level, age, fluency in English, and attitudes about smoking were all mentioned as factors that influence where someone would go for help. Two of the interviewees felt that the resources to support cessation were limited in the Chinese community. All three interviewee felt that those in the Chinese community would turn to their physician or medical provider to get help with quitting tobacco. One interviewee commented *"I never heard a story like, if some of the Chinese people want to quit smoking they went out to the pharmacy and buy any kind of a products or even buy chewing candies. No they usually go to the medical professional asking for help."* Another interviewee commented

> *"I did not get the sense that my patients or those people we interviewed were actively looking for resources and again I think it was the belief that they can cut back and it really depends on their personal, how did, what was the word they actually described it as, personal determination."*

ICHS and ACRS were both mentioned, as agencies that older people or those with limited English skills would go to for help. For the youth in the community, WAPIFASA, Alison Shigaki, and mainstream organizations were mentioned. However, it was felt that mainstream organizations might not be successful due to the fact that their programs would not be tailored to AAPI's.

Two of the interviewees felt that additional advertising and outreach needed to be done to help in the cessation efforts in the Chinese community. The focus of the outreach differed depending on age. For the youth, outreach needed to happen outside of the family and should incorporate both the Chinese and American cultures that they were juggling. School was felt to be a good avenue, as well as exposing the youth to anti tobacco messages using well known celebrities such as Jackie Chan. For adults, recent immigrants and the family unit needed to be the main focus of outreach. Because trust was felt to be a huge issue in working with families in the Chinese community, the medical provider was felt to be important role. Additional billboards and posters were felt to be necessary to continually emphasize and reemphasize the harm associated with smoking. The interviewees felt the posters and billboards should contain graphic pictures since this was a universal language, however pictures with an anti-tobacco message in Chinese would be even better.

All of the interviewees felt that the tobacco industry was targeting the Asian community both in the US and abroad in Asia.

> *"Now of course they're targeting the China community because there are so many people there and all of them smoke pretty much. So that's why they do a lot of ads and advertising a lot of incentive programs in China…When I was in Hong Kong I did see that. Kent one of the brands, they actually giving out they try to target the female because Marlboro is sort of like a man's cigarette but Kent should be for females. Virginia Slim is one of them over there too, giving out all these earrings".*

Two of the interviewees felt they were specifically targeting the Chinese community. Last year the National Organization of Chinese Americans (OCA) held its annual conference in Seattle and received funding from Philip Morris.

"With OC National because funds are so limited and corporate sponsorship is so necessary, they even had Philip Morris be their sponsorship which we protested…. When I realized some of the give away bags literally had OCA and Phillip Morris right on the bag so that upset me and I brought that to people's attention and I'm working on sort of how we can implement a policy within our Seattle Chapter, but keeping the National Chapter, like the National OCA responsible for that is very very difficult because they get the funds and it's all about money, we need the money, we can't do this stuff without this money…"

When developing a media campaign to targeted the Chinese community, the age of the audience as well as their gender and fluency in English were felt to be important factors. For youth, the media formats that would be best at reaching them were felt to be music, video, anti-tobacco messages before mainstream movies, graphic posters and billboards, and anti-tobacco ads before Chinese rental movies. The message targeting youth could be the same for both genders. For adults, Chinese language specific newspapers, local newsletters, and flyers and posters containing pictures with verbal reinforcement posted in local health clinics were felt to be the best formats. One interviewee felt that having a stamp of approval from some type of authority (i.e. government) would also be useful for the older group. One interviewee commented on the issue of gender, *"For the older group, I always see the woman as a facilitator for their spouses or partners, and so again I think the message would have to be a little different as to the primary target which would be mostly men."*

When asked about rules and regulations concerning tobacco, all identified that 18 year was the age required to buy cigarettes. Other rules and regulations mentioned were the tobacco tax, non-smoking requirements in the workplace and in restaurants, and the regulation of tobacco advertising (tobacco ads are not allowed on television, and limited advertising was allowed in youth oriented magazines). When asked whether members of the Chinese community were aware of these rules and regulations, the interviewees felt they had a general knowledge as indicated by the posting of non-smoking signs in Chinese restaurants, and signs at the cash register of grocery stores about not selling cigarettes to minors. One interviewee commented that although storeowners knew that it was illegal to sell cigarettes to minors, some were willing to take a chance, as this would help their business. He felt that stiffer penalties should be enforced for those who were caught selling cigarettes to minors.

FILIPINO ASSESSMENT

Three Filipino interviews were completed. Subjects were one male elder, one female adult, and one female teen. Two of the interviewees were from Pierce County; the other interviewee was from King County. The male elder was born in the Philippines but has been in the US for 44 years, the adult female was born in the US, and the teen female was born in Germany but had been in the US for 8 years.

While all those interviewed responded that tobacco was a problem in their community, two felt that it was a danger to the whole community and one specified that teens and elders were most at risk. Negative health effects for the smoker and those breathing in second hand smoke were listed in detail. Financial and emotional costs were mentioned and one respondent felt that the tobacco companies targeted her community.

The adults replied that some community members want to quit smoking because of the financial and health costs, but have difficulty dealing with the addiction withdrawals. The Filipina youth stated "*it's not a big issue for them.*"

The adult woman who was interviewed said that among the Filipino community there were members of the API community that were actively involved in tobacco prevention and were known to work within organizations such as WAPIFASA and ICHS in Seattle. The adult male interviewee also mentioned the KWA and the Air Force Base as organizations that were focused on tobacco prevention. The youth respondent mentioned the adult Filipino male that was interviewed was working to prevent tobacco use.

When asked who were the people in the community that need to be involved to make changes around the tobacco problem in the community, a number of professions were listed: health care workers, counselors, teachers, funders, parents, youth, and the spiritual community. The youth who was questioned suggested that teens needed to be a part of making such changes. The elder male who participated replied*:*

> *"I think I'm one of the few Filipinos in the community and also of the API's. I cannot think of one person in the Filipino community. In the API community – Lee Tanuvasa and Anna Thompson and others in a way… but not aggressively. Vera Weddy at Buckley too."*

Nine specific names of people and their affiliated Filipino organizations were mentioned during this interview as key people in the Filipino community of Tacoma that would be important in getting the tobacco prevention message out to the Filipino people:

Jane Domeika – Filipino American League (Fil AM League)
Ann Cristy Dudley – International Social Community Services (they reach out to people of all nations – on health, crisis and more) and her family run the adult nursing care program in the community.
Jim Tubig – UFAC, United Filipino American Community
Ruben Toledo – Filipino American Seniors
Lorna Ovena – PAYO – Philipino American Youth Organization
Elena Areno – Barranggay (organization's name is Tagalog for helping one another)
Tito Pancho – Sampaguita (name is the national flower of the Philippines – this is a cultural group)
Marilyn Elino – St. John Bosco of Lakewood

The Philippine American Youth Organization (PAYO) and Korean Women's Association (KWA) were listed as API agencies in Tacoma that are actively involved in tobacco

prevention efforts. Those organizations that needed to be involved to make changes around tobacco issues in their community were the health department, hospitals, clinics, non-profit organizations, schools, media and policy makers. The elder stated that among API communities, the Samoan and Korean communities contain many heavy smokers.

When gauging the community support for prevention efforts, one respondent pointed out that there are competing issues such as unemployment, racism, and domestic violence that are a greater priority among the Filipino community. The youth replied that smoking prevention is becoming a high priority for parents to prevent their children from smoking. Though there is only a minimal number of community leaders involved directly in tobacco prevention, there are several who are working to offer activities for youth involvement, which acts as a deterrent.

The family was described as an asset of the Filipino community that will help support tobacco prevention and control. Other strengths given were *"willingness to communicate"* and *"being receptive to one another."* The adult female interviewee suggested that since Filipino's are sensitive to discrimination issues, perhaps educating the Filipino community about how the tobacco companies target API communities would result in some more support for prevention and control efforts.

Barriers to tobacco prevention work in the community were competing needs, lack of funding, and lack of culturally appropriate materials which all make it difficult to organize a united front. The youth respondent stated that due to Filipino parents being strict, some teens rebel and start smoking as a result. Again, issues of targeting, addiction and politics were all mentioned as obstacles in the community that makes tobacco prevention and control difficult.

Cessation and education classes for adults and youth already exist in the Filipino community. There are also "quit smoking" phone lines that offer counseling and local doctors can prescribe a variety of medical interventions as quitting aids. Even local employers, social groups, and churches have programs to help their workers to quit smoking. Unfortunately – not all community members are aware of all these opportunities. Non-smoking restaurants and public buildings help to change the community attitude. Shopkeepers will not sell cigarettes to minors. The youth interviewee stated that teens wouldn't want to talk to parents, but may utilize the quit line.

Suggestions to increase tobacco prevention and control in the Filipino community included a call for more policy changes, coalition building and public awareness through media activities. Also, one respondent said "*Continue to increase the taxes on tobacco,"* making it less accessible. More trained facilitators to teach cessation groups for various communities and cultural groups are needed. More after-school youth-related activities would appeal to teens, and help to prevent tobacco use or to aid in quitting. The elder respondent insisted that *"we need to continue and increase efforts to educate the general public of all ages and races in whatever ways about the ill effects of tobacco."*

All those interviewed stated that while the tobacco companies did not necessarily use images of the Filipino community to sell their products, they had seen images of API's used in their advertisements. There was concern as to whether any Filipino organizations may receive tobacco monies for support of events or scholarships. The elder commented that the tobacco companies only cared about making money and had no thoughts about how their industry affected society. He stated that,

> *"They (tobacco companies) target whoever has the money, not just the Filipinos, but everybody who has the money to waste on tobacco for the industry's profit and economic gain. They don't care at all of the industry's affects to our society or our children. They care only about their income."*

Filipino videos, newspapers, TV and radio shows were all recommended as effective media formats that would reach the community with anti-tobacco messages. The youth interviewee stated that once the older Filipinos learn about tobacco from these sources, then the elders would pressure the youth to quit smoking or not start: *"The women, who are most of the shopkeepers and restaurant owners, don't like smoke. They won't allow selling cigarettes to kids - parents all know each other so they would find out about it."*

Current rules and regulation cited were: limits prohibiting access to youth, advertising restrictions such as billboards can't be close to schools, imposing tax on cigarettes that causes less availability, and restrictions on smoking in places that are public, like churches, social clubs and industry. Most Filipino families restrict or inhibit smoking in the home by going outside and putting up signs that say SALAMAT PO, which means "Thank you for not smoking." While some community members are aware of all these efforts – more awareness is needed for knowing the laws and encouraging smoke free community events.

KOREAN ASSESSMENT

Three Korean Americans were interviewed. They were one female young adult, one female adult, and one male adult. The two females work for community based agencies which serve mainly Koreans in King and Pierce Counties, and the male works in the Tacoma faith community. The young adult was born in the US, while both adults were born in Korea. The adult female had been in the US for 17 years and the adult male had been in the US for 30 years.

All three interviewees saw tobacco as a problem in the Korean community. They acknowledged that smoking has been culturally and socially acceptable in Korean culture and this, in turn, leads younger generations to more easily assume the smoking habit.

Those interviewed believed that some adult smokers want to stop smoking because they are concerned about their own and their family's health. However, younger Koreans do no seem concerned with the affects of smoking and, therefore, are not as inclined to quit as much as adults. As one female youth said *"it's socially cool for them to smoke and it's a way of fitting in."*

When asked which community members were involved or needed to be involved, in tobacco prevention efforts, answers instead focused on reasons for Korean youth smoking habits. Lack of involvement from older community members, disinterest in the topic, hypocritical stances by elders, and a weak publicity campaign were stated as reasons for the rampant smoking habits of Korean youths. All believe that more needs to be done in terms of family involvement and the Korean community's involvement. The interviewees cite parents, pastors, and community icons as sources for youths to learn the dangers of smoking. As one responded, *"even though it seems like parents are disenfranchised, that might be the most powerful source of people to get them to quit."* Organizations such as the KWA, the Department of Health, Korean radio, Korean newspapers, and churches were listed as sources from which tobacco prevention knowledge could be learned. All three agreed that religious and personal influences are the strongest sources for knowledge, as they hold the most credible weight in the Korean community.

The Korean community's attitude toward tobacco prevention is contradictory. While many would support tobacco prevention efforts, these efforts may be futile because of opposition within the Korean community. Restaurant owners, grocery store owners, and male smokers are community obstacles. Restaurant and grocery store owners fear loss of business revenue through tobacco prevention, while the Korean family's hierarchical system leads to difficulties in confronting male smokers who represent family authority. One respondent summarized stating,

> *"Not many [Koreans] are willing to put a lot of effort into it. It means confronting people, and if men are smokers, it's a very difficult thing in a hierarchical society for either a child to go demand his father to change or the mother as well, so that becomes a difficult part. If the men would take the leadership, that would be much easier."*

The tight-knit Korean community is seen as both strength and a weakness to tobacco prevention. Through organizations such as the KWA, members of the Korean community teach the harmful effects of tobacco through word-of-mouth. Until people realize the significant dangers of tobacco, including second-hand smoke, this interpersonal network will be too small to have a measurable affect on learning the dangers of tobacco. As it stands, many in the Korean community do not know the negative aspects of smoking or do not take statistics seriously. Those interviewed suggested personal testimonies, mass media (newspaper/television/radio) advertisements, and more practical knowledge to strengthen tobacco prevention and control activities. One Korean youth believes that people should *"make the issue relevant, just make it more visible. I think people should have to know the harmful effects of tobacco, a lot of people don't know and they just need to be more well-educated."*

The KWA is noted as the leading source for tobacco cessation information in the Korean community. Other than the KWA, help with tobacco cessation is nearly nonexistent according to those interviewed. People just do not know where to go for help. All three suggest a greater advertising program to promote anti-tobacco sentiments and give people a greater awareness of the dangers of tobacco.

Korean youth do not believe that the tobacco industry is targeting their community. Instead of targeting race, they feel that the tobacco industry advertises its products toward youth in general. To combat the tobacco industry's onslaught of ads, those interviewed believe that anti-tobacco messages should be delivered via Korean radio, television, and newspaper to reach the widest Korean audience.

Other than normally restricted smoking areas such as hospitals, government buildings, and universities, there are no laws restricting tobacco use in the Korean community. All feel that laws passed in California restricting smoking indoors should be adopted in Washington State. Along with this government involvement, a stronger advertising program to promote anti-tobacco sentiments is seen as crucial in the next step in tobacco prevention.

LAOTIAN ASSESSMENT

Three Laotians were interviewed, one male youth, an adult female, and an adult male. The youth was born in the US, while the adults were born in SE Asia (Thailand and Laos) but had been in the US for over 22 years.

All three interviewees saw tobacco as a problem in the Laotian community*. "A lot of people they using tobacco, sometime they don't know that it will harm them. Many people think that it help them feel better, some people get sick, they might use that as a medication."* Two of the interviewees felt that tobacco use was a bigger problem in men, however it was mentioned that women who had been exposed to Western culture tended to smoke and that chewing tobacco was an issue in older women.

> *"I'm not saying women don't smoke, women do smoke, but it's less than men because men, when you smoke people would ask, "you have a smoke?"- it's a way of social thing when you sitting in coffee or something or in school, here's a cigarette, it's a sharing thing, it's a way of kinship. I got offered many time to smoke but I refused and I politely turn them down and sometime it doesn't do well with them because they feel I'm being social outcast or not accepting them."*

The other interviewee felt that tobacco was a problem that equally affected men and women, however women could not be as open about their tobacco use.

> *"…I see women that smoke but they don't really show people that they are smoking, they have to hiding it for women, but for men they smoke openly because in our community when women smoke, it's not appropriate. In terms of traditional you can chew tobacco as elder as you grow older … But woman still smoke, I mean I'm not saying they cannot smoke, but they are hiding it, not openly you know, let people seeing them smoke, like men have freedom smoke anytime they want."*

Two of the interviewees also saw tobacco as a problem in the youth. "I see young teens smoking a lot and I think that they need to feel like an adult and so forth, supposedly they say it's cause of stress, so I see a lot of young Asian teens smoking". One interviewee commented on how tobacco use has become ingrained into the way of thinking about health,

"…They believe in tobacco that it make them feel better, some of them may have that feeling because when they sniff the smoke they feel better, when they chew tobacco they feel better, like they have fever or they don't feel good a little bit and they have that they feel stronger and they think that kind of helping them instead of because in our country we don't have a lot physician, we don't have a lot of doctor. You have to go find some herb that help yourself to cure whenever you sick…"

Two of the interviewees felt that people in the Lao community wanted to quit using tobacco, the other interviewee was unsure. They all felt that it was difficult for people to actually stop quitting. One interviewee reported that although his father had stopped smoking for 13 years, he had started smoking again due to stress, but was trying to cut back. One interviewee commented, *"With the Laotians you can't just give them the education, you have to give them the example which means somebody dying of cancer for example…tell them why they die, what cause it, and that clicks."*

None of the interviewees could identify individuals in the Lao community who were involved in tobacco prevention efforts. Community leaders, presidents of the various Lao organizations (there are over 54 Lao organizations which all fall under the umbrella of the Lao Mutual Association), monks, and current or former Laotian smokers were identified as key individuals who needed to be involved in the tobacco issue.

The interviewees were unable to identify any organizations that were involved in tobacco prevention. Organizations that needed to be involved in the efforts included the Lao Mutual Association, ICSC, and ICHS. When discussing the role of the Lao Mutual Association, one interviewee commented *"If you go talk to the president or board of directors they can maybe help direct you to give you some idea how to go about it because smoking and drinking is considered norm and that's how they deal with the day to day stress."*

When asked about the Laotian community's attitude about supporting tobacco prevention efforts, the youth felt that the lack of interest in this topic was due to a lack of education. Another interviewee felt that since smoking was viewed as the norm, it wasn't looked at as a problem unless someone got sick, however it wouldn't hurt to try to get the community's support. The last interviewee felt that if the Laotian community were given information that showed this would enable the "Lao community to have a better life", the community would be in support of the efforts. All of the interviewees felt that it would be difficult to get the Lao community to donate money to the tobacco prevention cause. As one interviewee articulated, *"…daily survival takes priority over anything else with them. What I mean by that is that to support the family, pay the bills, they put the health behind."* One interviewee felt that when it came to donating time, the younger age group would probably be willing to spend time, however it was probably more important to get the middle age men involved as they are well respected in the community. The interviewee commented *"I don't think there's a lot of middle aged men who are educated enough to care about these issues."*

The strength seen in the Lao community was the strong social norm that existed. *"…The strength in there would be the well respected leader of their organization come down with ling cancer they would be able to build on that one, look he died because of smoking maybe its time for us to quit…"* Weaknesses identified in the community included the language barrier, and viewing tobacco use as the social norm.

The interviewees could not identify any tobacco prevention and control activities that existed in the Lao community. Additional education through flyers, graphic pictures, and presenting clear facts about tobacco and the slow disease progression associated with tobacco use were suggestions given for tobacco prevention in the Lao community. A community campaign and education that could be done at social functions was also suggested, however connections with leadership would be required before this could happen otherwise one would be viewed as intruding.

When asked where those in the Lao community would go for help to quit using tobacco, the responses varied from talking to friends, attempting to go "cold turkey", to not having the information to know where to turn. One interviewee commented that when an individual turns to friends for help, the friends would also offer to share the medications they had received, as it was common to share prescriptions. Another interviewee noted that even if smokers were advised to go somewhere for help, they would be hesitant to go due to concerns about the language barrier as well as trust issues. In order to obtain trust, it was important that the individual worked within the community, or if it was an outsider they must be working with someone who is already within the community. Additional education around tobacco was felt to be important when dealing with cessation in the Lao community. A community discussion group concerning tobacco was another suggestion, and it was felt that the temple might be a good place to hold the meeting, as this was a meeting place for many in the Lao community.

The interviewees had different thoughts when asked if the tobacco industry was targeting the Lao community. One adult interviewee saw them targeting the community due to the fact that many people in the community continued to smoke. She also mentioned the advertising done by the tobacco companies and the need for the youth to "look cool". The other adult interviewee felt they were not targeting the Lao community, as smoking was already considered as acceptable and social prior to them immigrating to the US. The youth commented that although he did not feel the tobacco industry was targeting the Lao community, he did feel they were targeting the Asian community.

The media formats that were felt to be effective in reaching the Lao community differed for each interviewee. The adult female felt that television commercials with pictures would be effective even if someone did not understand English, along with anti-tobacco advertising at the beginning of Thai or Lao movies. The adult male felt that brochures, which were placed in the temples, local markets and at the meeting place of different organizations, would be an option. He felt that the project needed to involve the community leadership so that they could pass the message on to their members. The youth felt that billboards and newspaper articles would be the best format, however the message would vary depending on the age group. For the youth,

graphic pictures (i.e. lung cancer, lung changes), as well as pictures that show how smoking affected your physical appearance was important. For middle age people the focus needs to be family oriented, such as how smoking shortens your life span, and how this would impact the family if you die. For older adults, the physical manifestations of smoking and how this impacts one's day to day life needs to be emphasized.

Rules and regulations mentioned were the age requirement of 18 years old to buy cigarettes, non-smoking sections in restaurants, no advertising in schools, and the new tobacco tax. When asked if those in the Lao community were aware of these rules, one interviewee noted *"…I remember when I first came here with my parents. My father sent me to buy cigarettes and alcohol, I was only 13, I don't think he was aware."*

SAMOAN ASSESSMENT

Three Samoan interviews were completed. They were one male adult, one female adult and one female young adult. Two of the three interviewees resided in Pierce County and one in King County. The young adult and the male adult were born in the US, while the female adult was born in America Samoa and had been living in the continental US for 16 years.

All of the respondents saw tobacco as an increasing problem in the Samoan community due to an increasing number of smokers on the rise. One respondent mentioned that the Church leadership should take the lead in helping the community to become smoke free and ministers should not promote smoking tobacco as a norm in the lives of the community, especially among the youths and smoking should not be an ok thing to do. He stated that, *"when you have a Pastor who smokes…it sends us that kind of a message that it is ok to smoke, it's a norm."*

When asked about the community wanting to quit smoking, all three respondents felt that the Samoan community is more conscious and concerned about their health, and the elders see it as a need to quit. One adult respondent noted that*, "Yes, we want to stop using tobacco because we are concerned about the health of our children."* The youth respondent felt that since there is a small percentage of Samoans that wants to quit, it has played an important role in the community by becoming more aware of the hazards of smoking, and the need to quit is at hand.

The whole community involvement is a must and a need, as the youth respondent believed it would create more understanding. The two adult respondents knew some people who were involved with tobacco prevention in the Samoan community. They mentioned Lua Pritchard, Loreta Dorian, Lee Tanuvasa and Moana Trammel. But they all agree that the religious community needs to be involved as well.

One adult respondent mentioned a newly formed Samoan Community Family Services in Seattle is getting involved with tobacco by attending training, available through the health clinics that serves the API community in King County. The other adult and youth respondent mentioned two agencies in Tacoma who are involved with tobacco

prevention in the Samoan community, namely the Korean Women's Association and Samoan Family Support Services including some Churches. An agreement by all three respondents mentioned that the religious community and its leaders needed to be heavily involved in the tobacco prevention, especially with already established youth programs in each church setting where an easy transitioning could be happening.

When asked about the community's attitude on supporting tobacco prevention and would they spend money, time, offer space or donate staff, each respondent differs in view. One adult respondent stated that, *"it is hard because most of the Samoan people are in denial."* They know about the danger of tobacco smoke, but would not proceed to take it further. One other adult respondent stated that, *"Attitudes would be either the Samoan community is already supporting it because we don't allow it, or it's not that big of a deal."* And time is an important issue with the Samoan people, knowing that they do things in their own appropriate time, space and setting. But Samoan's would not spend money for tobacco prevention due to their low socio-economic status, but would offer space, time and assistance to organize. Most of the Samoans that were first established in Washington were military families. And the difference in locale makes a huge difference in the attitudes towards services and programs geared toward the Samoan community. All of the respondents believed that there are a very few leaders in the community who would take interest to be involved with the prevention efforts.

One of the respondents mentioned that the Church network is one of the strengths in the Samoan community. They might not be so cooperative at first, but in due time they will willingly offer support. Although there are two different political establishments between the Samoans, they are one at heart as Samoans when it comes to community development. One of the weaknesses in the Samoan community is they tend to take things slow, as they move through it in their own pace and time or what its called, "The Samoan Way" of doing things. All three respondents agreed that the religious leaders are the points of access into the community. Since smoking tobacco has been a generational past time activity for everyone including the religious leaders, all prevention should be geared towards utilizing the religious leaders for they are highly respected from the community. And that is important for most Samoans. As one adult respondent noted, *"we have infrastructures already built."* Youth groups have already been established and will willingly accept programs that promote education and prevention for the youths. Especially around alcohol, tobacco and other drugs.

Language is one of the other major barriers for the Samoan community. Most of the elders cannot read, write or speak English. And the lack of resources and information in the Samoan language tends to prevent the tobacco message from getting into the community. When the elders and leaders do not understand the message, they will brush it aside and will not be heard.

On the other hand, when educational opportunities are available, the community will embrace it with welcoming arms. One of the educational and prevention activities that are available includes TATU. The adult and youth respondent mentioned that KWA has been providing TATU educational presentations to the Samoan Churches youth

groups. The other adult interviewee mentioned that two educational training's were held in Seattle for some of the Church youth groups, in which some of the community members who attended wanted to know more about quitting and how to obtain nicotine patches. The youth mentioned cessation classes are available for the Samoan community.

Two of the three respondents offered suggestions to best provide tobacco prevention in the Samoan community. The adult respondent suggests that *"it is going to take a comprehensive approach in reaching the Samoan community, and we need to work with community leaders to buy-in to the idea that tobacco is dangerous to their health."* The youth respondent suggests that whoever is providing the services to the Samoan community; *"they need to have patience, perseverance and honesty."* The youth mentioned that, *"the Samoans tend to take a long time to come through, and a lot of people are very stubborn about certain things, especially a habit that they have grown up with and grown accustomed to."*

When asked about if someone in the community wants to quit tobacco where would the go, the following suggestions were made: KWA, Health clinics, quit line and services in general. One adult respondent mentioned that, *"those who are bilingual could use the quit line if they knew about it."*

"Promotion is much needed to make cessation known in the community," said one adult respondent. Lack of knowledge about the services in cessation hinders the Samoan community from participating. But a good selling ad through cultural art works would be an eye catching for the youths to participate. One adult respondent stated that, *"we need to work on more messages on the dangers of secondhand smoke and on readiness."* This respondent does not believe that the Samoan community has the same awareness of all the programs that the state has to offer around the ads on TV, billboards, newspaper and all of those things that prompt people to stop. The same view is said by the youth, who believed that promotion is a big thing for Samoans. Believing that if all people knew about cessation programs available for Samoans, they would participate if available.

When asked whether they believe that the tobacco industry is targeting their community. One of the adult respondent answered by saying, *"Oh yes, I do believe most of the companies (tobacco) are targeting the Samoan community because most of the kids are seeing it through the posters in stores and other means of advertisement."* The other adult respondent believed that the tobacco companies are targeting Samoans through the general view of being classified under the Asian Pacific Islander groups, since the Asians has a high influence in business. The youth respondent believed that the tobacco companies are targeting minority groups in which the Samoan people are under that same category.

In terms of media effectiveness, one respondent believed that all media access must be utilized to reach the Samoan community. The other adult respondent believed that poster; visual print and music would be best. The youth respondent mentioned TV as the most effective, knowing that a lot of the children watch TV everyday.

Finally, the type of tobacco rules and regulations that exist in the community, all three respondents have limited knowledge of any rules and regulations that exist within their own community other than the eighteen-year-old rule for purchasing and buying tobacco products.

VIETNAMESE ASSESSMENT

Three Vietnamese interviews were done. The interviewees included a male young adult, an adult female, and an adult male. All three interviewees were born in Vietnam, with the young adult being in the US 10 years, and the adult female and male being here 22 and 16 years respectively.

All of the interviewees saw tobacco as a problem in the Vietnamese community, especially in the male population. One interviewee commented,
"I don't see many Vietnamese women who smoke. I do know some of them, but the number of Vietnamese women who smoke is much much less than Vietnamese males… But the real problem in the Vietnamese community is the husband who smoke and smoke inside the house and the female who do not smoke but they have second hand smoking is a big problem. And that problem is much bigger than in the other, in the American group (Caucasians) because Vietnamese people they don't know the problem, they don't know that second hand smoking is a big problem."

Another interviewee commented on why he saw tobacco use as a problem in Vietnamese males*, "…Men are expected to be the dominant household member, they're expected to go outside and communicate with other people and when you go outside they're suppose to smoke as a part of their communication requirement."* For men, country of birth, number of years in the US, and the age of the male when he immigrated to the US were all seen as factors that influenced tobacco use. Males who were born in the US, or who immigrated to the US at an early age were felt to smoke less than those who grew up in Vietnam or who recently immigrated. When discussing a friend who had been smoking for 6 years prior to coming to the US at age 15, one interviewer commented *"It could be that coming to the US also create a new pressure for him which even make him smoke even more. Or it could be that he being to go to school and seeing all the prevention-tobacco prevention program and that may be able to help him to quit."* When asked whether tobacco had a specific role in the Vietnamese tradition, one interviewee responded

> *"It's really hard for me to say that it is a cultural tradition but I've seen it done before. For example I think when people here go back to Vietnam to visit their family they will buy tobacco, they will buy cigarettes as gifts, for the guys. Or sometime, when there's ancestral ceremonies being done and if the deceased was a smoker, unfortunately they also burn, they light a cigarette for the deceased as part of that ceremony and so in some ways it's the tradition-it's part of the culture."*

All three interviewees felt that members of the Vietnamese community wanted to quit smoking, however various factors influenced their ability to quit. These factors included a lack of knowledge regarding the harmful effects of tobacco, not knowing where to turn for help, inability to access mainstream resources due to language

barriers (i.e. quit line), unsuccessful quit attempts in the past, and the fact that many people have a long standing tobacco addiction. One interviewee commented on the difference in attitude in the US and Vietnam, *"In the US …smoking is portrayed as somewhat negative, even with all the ads saying that smoking is so cool, but I still think people would impression of it is still slightly negative. However in Vietnam it's a completely positive attitude."*

Members in the Vietnamese community who were identified as being actively involved in tobacco prevention included Mr. Minh Vu from ICSC, Tuyet Nguyen, Mr. Phuc Nguyen, and staff at ICHS. One interviewee could not identify anyone in the Vietnamese community doing tobacco prevention work aside from him. Other key people that need to be involved include Mr. Tan Nguyen in Tacoma/Pierce County who is seen as a gatekeeper, the block leaders in Pierce county, the Vietnamese priests and monks, Vietnamese doctors, teachers, and college age youth.

Organizations identified as being involved in tobacco prevention include KWA, ICSC, and ICHS. The organizations in the Vietnamese community that were identified as needing to be involved included the Vietnamese Community of Tacoma/Pierce County, the Vietnamese Buddhist temples, the Vietnamese Catholic Churches, the Vietnamese Youth Martial Arts Group, and HO. All of the interviewee felt that tobacco prevention was not a priority for many of the Vietnamese organizations. Historically, the focus for many of the Vietnamese organizations has been on survival and the issues of human justice and human services. One interviewee commented,
"Unfortunately up to this point, I don't know any organization will be fit to do it. …We have many many different kind of association. But most of them are pursuing their own goal, you know doing something politically or gain money or power or something like that but in term of helping people to improve their health, none, no organization are doing it."

All of the interviewees felt that the community was willing to support tobacco prevention efforts, however they saw the willingness to volunteer or participate as variable. One interviewee commented, *"Their willing to participate is questionable because most of them are very scrooge in terms of giving up their times and efforts into stop something like this, they're willing to do it for themselves but they are not willing to help other people to do the same."* This interviewee felt that by developing relationships with those in the community, over time they would be willing to help. Another interviewee felt that if there were a way to compensate the volunteers it would be very helpful in getting the anti-tobacco message out to the Vietnamese community. The last interviewee felt that there were those in the community willing to contribute their time and money to help, however those he had approached up until this point had turned him down. When asked why this was, he responded that he had probably asked the wrong people.

The strengths identified in the Vietnamese community included their high literacy rates, their resilience as a refugee community, the capacity to mobilize the community, the commitment to better their children educationally, and the fact that the younger generation will be well educated and more open minded toward helping others. One interviewee commented*, "I think the Vietnamese people as a refugee*

community are very resilient in terms of what they have endured and then being able to overcome that. So I think that, I have to say that their spirit I think is very strong."

The weaknesses that were identified in the Vietnamese community by the interviewees included: the language barrier, lack of belief or understanding of preventative health care, limited basic science knowledge, gender roles, long term tobacco use, and the effect of the Vietnam War. One interviewee stated, *"Whenever we have things community meetings, it's only the men that come to those meetings. Women I think get together over different stuff but I think the men are somewhat view as decision makers and so they come to the table…So how do we get the women to the table so they can sort of be our cheerleader if you will because we know behind doors they're the ones that make the decisions."*

When discussing the older Vietnamese one interviewee commented,

> *"The situation of the old Vietnamese people is quite different from other ethnic group. We had a big war and we lost the war. We been injured in labor camps for a long time, a lot of bitterness, very depressed and I think that most of them are still suffering of the post traumatic syndrome now. So it's hard for them to quit smoking. Because not only chemical or physical dependence, but they are strongly emotionally dependent on tobacco and alcohol."*

When asked about tobacco prevention and control activities that currently exist in the Vietnamese community, one interviewee could identify no activities while they other two reported very little activity. One interviewee reported that what he has seen deals with tobacco cessation, including articles in the Vietnamese newspaper. Another interviewee felt that tobacco prevention was not a "front burner issue" for the Vietnamese community as in the last ten years the focus has been on survival. As a result she felt that the awareness was not quite as high, and the work that is occurring is not as visible as in other areas. Suggestions to improve tobacco prevention in the Vietnamese community included: recruiting a dozen anti-tobacco Vietnamese activists who work in different areas of the community, and spreading the anti-tobacco message at major community events while honoring cultural traditions.

> *"I think we need to start where they are coming from in terms of tying in our work with their tradition and honor the traditions. So being the Vietnamese Lunar New Year, part of it is you go around you wish people a year of health and all that and so I think that would be a perfect avenue to try to have that, to try and tie our message into that and using, being strategic with how we use perhaps people like our youth to bring that message to the elder community as well as their own age group…and really bring in that cultural tradition and then linking, relating that to the tobacco message."*

When asked where someone in the Vietnamese community would get help for quitting tobacco, all three interviewees felt that the majority don't seek help and often try to quit on their own. Lack of knowledge about cessation resources, limited English fluency, and the non-existence of Vietnamese specific cessation classes were also cited as factors. One interviewee commented, *"What I see mostly is people going*

what we call "cold turkey" and they try to do it on their own, most of the time they are not aware of the resources that are available to them and if they are I'm not sure how culturally appropriate they are…"

The three interviewees had different thoughts on what should be done around cessation efforts in the Vietnamese community. One interviewee felt that there was a need to organize influential individuals in the Vietnamese community (Buddhist monks, teachers, churches, and doctors) so that anti tobacco flyers could be placed in key locations and these individuals could speak out about tobacco use. However the other problem the interviewee saw was that many of the priests and monks themselves smoked. Another interviewee felt that it was important to raise the awareness of the health issues associated with smoking in the Vietnamese community.

Once a greater awareness was obtained, different cessation methods could be introduced. The last interviewee felt that additional efforts needed to be made to look at the needs of the Vietnamese community, as well as their attitudes toward tobacco use and cessation. By starting where people were at, rather than adopting the mainstream best practices, the cessation services could be better tailored to the Vietnamese community. The interviewee also felt that it was important to integrate the tobacco prevention messages into community celebrations as well as working with community associations to work together to deliver this message.

Two of the interviewees felt that the tobacco industry was targeting Vietnamese in Vietnam. One interviewee commented, *"In Vietnam you see a lot the work by the tobacco company to get people hooked on tobacco, where you have young girls going around offering free cigarettes and then you have these stands with the Marlboro umbrella and so forth…."* Another interviewee commented,

> *"I learned they are targeting the Vietnamese people in Vietnam a lot. Much cheaper, the tobacco is much cheaper in Vietnam, only $8 for a carton of 10 packs over there… And a lot of advertisement and billboard, and now they are building the manufacturer over there, factory in Vietnam, to produce American tobacco and French tobacco in Vietnam with a cheaper price."*

One interviewee has noted targeting of Asians in the US by the tobacco industry with tobacco advertisements using Asian models. None of the interviewees knew of instances where the Vietnamese community in the US was being directly targeted, or of any Vietnamese organizations receiving money from the tobacco industry. One interviewee commented on how the tobacco industry targets communities with lower economic situations, and introduces tobacco icons into the community through their merchandise promotions, even if members of the community are not smoking yet.

The media format that was felt to be most effective in targeting the Vietnamese community differed depending on age. For those with limited English speaking skills and the elders, Vietnamese newspapers, ethnic radio, and the "I" channel were felt to be the best avenues. Bilingual handouts that could be distributed in the community as well as community tobacco prevention training were also felt to be effective methods.

One interviewee commented on how the lack of money effected the prevention efforts,

> *"To fight tobacco, you cannot have just one ad one day, people won't quit no. You have to have all the newspaper, day after day for year, and it will work gradually. I think that those kind of information not only reach the men who smoke, but they will reach other people in the family and the family will push them to quit smoking…"*

All of the interviewees were aware of the age requirement to buy cigarettes, however they did not feel this was always enforced. Other rules and regulations mentioned were non-smoking in public places, and the increased tobacco tax.

AAPI - Other Assessment

Two female adults were interviewed for the other category. The two individuals who were interviewed identify themselves as Japanese Americans and were born in the USA. Both of the interviewees work with all API communities, specifically Southeast Asians, Korean, Samoan, Chinese, Filipino youths, families and adults. Both community providers have provided services to refugees as well as those who lived here for several generations.

According to the community leaders, tobacco is a major issue in many of the API communities. One person noted that about 80% of the youths she sees for substance abuse treatment services are tobacco users. Another leader notes that smoking is more prevalent in the API men than women, but adds that the women and children are impacted by second-hand smoke. In one instance, a woman died from cancer as a result of being exposed to her husband's smoking.

Although tobacco is identified as an important health issue, it is difficult to get API community members actively involved because many are newly-arrived refugees and are more focused on the here-and-now realities for their community while other API communities are dealing with limited resources and competing priorities. One community person notes: "These people are always the ones being asked when there is an issue. We tend to go to them when we need to organize the community. We need to value their time and compensate them for the work that they're doing."

When asked about who is involved in promoting anti-tobacco messages in the API communities, the following organizations were identified; WAPIFASA, ICHS, Pierce County Health, KC Public Health, APPEAL, API Tobacco Coalition, KWA, ICSC, Asian Counseling and Referral Services (ACRS) and Korean Community Counseling Services. The leaders were quick to point out that there are other agencies or community members who may not be currently involved but need to because of their knowledge and status in the community. The latter include health care workers, churches, ethnic community centers or associations and organizations such as Refugee Women's Association (REWA) and API Safety Center. One community member notes that there are *"a lot of untapped people…doing other really good work…have access and credibility in the community to bring the community together. Those are the people that we need to identify and provide initial leadership and training to!"*

Lack of or limited funding is also recognized as a huge barrier for many API communities. In fact, the issue of money is more important in this community than any other because of the low socioeconomic conditions in some of the API communities. One community leader explains that tobacco companies know that glossy ads will not work in ethnic communities. Instead, the industry provides monetary sponsorship with a no-question-asked approach for events such as sporting tournaments and community festivals. *"It's a very lucrative approach because how can you say "No!" to money?' We're in a difficult place because we ask them not take funds but we're not offering them any solution (neither)."*

When asked about whether or not people want to quit tobacco use, the interviewees respond that it depends on the people's residency in the United States. Those that are more established have seen the billboard or hear from their children know that tobacco has detrimental effects to their health. Even the people who have recently immigrated here from Hong Kong have some knowledge about the effects of tobacco because *"they have Jackie Chan on posters promoting anti-tobacco messages."* Then there is the group who have limited knowledge because *"they haven't been here long enough to hear all the messages and the message they got from their native country was more of tobacco industry targeting (them)…So they don't necessarily believe what you're saying".* In addition, cultural beliefs also affect some API's perception of cessation because of *"hot/cold or yin/yang thing…notion that by cutting down they're not going to have this problem…so (it's) difficult to get people to understand why they need to quit."*

For those who want to quit, there is very limited cessation services that are culturally appropriate for API's. The youths are probably being reached by the King County Public Health while many of the adult clients being seen at ICHS are aware of the cessation services in Chinese and Vietnamese. One provider emphasizes that the services need to be non-threatening, convenient and accessible. An effective strategy for Vietnamese clients has been to involve the wives of the men who are using tobacco. According to one interviewee, *"the PA (physician assistant) I work with figures if he can get the wives on his side, patients may come to cessation class because the wives are making them".* More outreach and education need to take place for many of the API communities because many are new immigrants and are unfamiliar with the concept of prevention. Culturally appropriate strategies and approaches were mentioned several times. One provider explains that because of the complexities and diversities of the API communities, 'one size does not fit all'. She recommended more research and assessment needs to be done for every community.

In order to be effective in promoting tobacco control activities in the API communities, the interventions need to be comprehensive and on going. The media venues need to include ethnic newspapers, radio and television. One provider suggested using the ethnic video rentals as a possible forum to delivering anti-tobacco messages. In order to have significant impacts, the efforts also need to be consistent and longitudinal.

Finally, the tobacco policies that the community leaders identified include their own workplace smoking policy, Clean Indoor Air Act, Youth Access Law and the new cigarette tax in Washington State. One-interviewee notes that her Board of Directors

will be passing a resolution not to accept tobacco money as a result of the tobacco prevention efforts she and her staff have been delivering at their organization. However, in general most APIs are not aware of such policies because *"it's not promoted that much". "We're not doing enough in general to bring it up to the focal point. We're just beginning to do that here in WA."* One community leader contends that sometimes people learn about consequences of these policies through personal experiences (e.g. send their kids to buy cigarettes or be told that they cannot smoke at their workplace), but they may not understand why.

The three fundamental elements, which are key to doing tobacco control in the API community emphasized by the community members are;
- Adequate Resources
- Leadership Development and
- Culturally Appropriate Strategies

CONCLUSION

It is difficult to encapsulate the needs and recommendations of the entire AAPI community regarding tobacco prevention in a single report. This is made even more difficult when only 7 of the over 50 AAPI ethnic groups were interviewed, and all of the interviews were conducted in English. In addition, many key community informants within the seven ethnic communities (Cambodian, Chinese, Filipino, Korean, Lao, Samoan, and Vietnamese) were unable to be interviewed due to language barriers, limited financial resources for this project, and the short time line given to complete the assessment. Although there are recurring themes that have emerged from the separate community assessments, it is important to remember that they may not hold true for all AAPI's. It is important to continue to implement a community-based approach when addressing the AAPI communities' needs regarding tobacco prevention. By allowing the AAPI community to create a tobacco prevention plan for their community from the bottom up, it will have a greater acceptance and in turn better success than the top down approach.

The themes which emerged across the majority of the AAPI community assessments were: 1) the lack of funding and resources for tobacco prevention, 2) the lack of knowledge and awareness about the harmful effects of tobacco and ETS, 3) the need for culturally appropriate tobacco prevention materials, education, and cessation services, 4) the need for community leaders (i.e. elders, religious leaders, heads of community organizations) to quit smoking and to be involved in community education and outreach, and 5) the fact that tobacco has become intertwined with cultural practices (i.e. gift giving, weddings, business transactions with men). The

challenges faced by many of the AAPI communities interviewed that were not exclusive to tobacco prevention included the diversity seen within each community (i.e. country of origin, language or dialect spoken, varying education and literacy levels), competing priorities within the community, and the priority of day to day survival for recent immigrants over community issues. Additional challenges for many of the AAPI communities that were specific to tobacco prevention included, communities not viewing tobacco as a priority, lack of community leadership around tobacco prevention, and the need for ongoing funding for interventions in the AAPI community.

It is also important to recognize the much strength, which exist within the AAPI communities, which are viewed as assets when working on the issue of tobacco prevention. The strengths include: 1) the diversity (both in terms of ethnicity and culture) seen within the AAPI community, 2) the ability of the community to come together for cultural events (i.e. lunar new year), 3) the importance of family, 4) the importance of religious leaders (monks, priests) within the community, 5) the strong network of people within each ethnic community who can come together and are capable of making change, 6) the language specific media infrastructure which currently exists in many of the API communities (newspaper, radio, TV), 7) the existence of many AAPI community based organizations and governmental agencies which are currently working in the AAPI community, and 8) the stand many of the community based organizations have made regarding not accepting tobacco monies as well as creating workplace policies on smoking.

By acknowledging the concerns of the AAPI community that have been brought forward in this initial assessment process, we hope that the Washington State Department of Health will help the AAPI community work toward combating the tobacco problem in its communities. It is important to remember that this is only the first step, and we must continue to have input from community members from various AAPI ethnic groups, both English and non-English speaking, if the true needs of the community concerning tobacco prevention are to be met.

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APPENDIX

AAPI COMMUNITY TOBACCO ASSESSMENT INTERVIEW QUESTIONS:

Tobacco and Community Issues

1. Do you see tobacco as a problem in your community? Why or why not?

2. Do you think members in your community want to stop using tobacco? Why or why not?

3. Which individuals in your community are actively involved in tobacco prevention efforts? Who are the people in your community that need to be involved to make changes around the tobacco problem in your community?

4. What organizations in your community are actively involved in tobacco prevention efforts? What organizations in your community need to be involved to make changes around the tobacco problem in your community?

Tobacco Prevention

5. What do you think your community's attitude is about supporting tobacco prevention efforts? Would they spend money, time, offer space for meetings, or donate staff time for these efforts? Are the leaders in your community involved in prevention efforts?

6. What strengths or assets does the community have to support tobacco prevention and control? What weaknesses, barriers, or obstacles does the community have that make tobacco prevention and control difficult?

7. What types of tobacco prevention and control activities already exist in your community? What suggestions do you have that would help us provide tobacco prevention and control in your community?

Tobacco Cessation

8. If someone in your community wants to quit using tobacco where would they go for help?

9. What else needs to be done around cessation in your community?

Tobacco Media

10. Do you believe the tobacco industry is targeting your community? If yes how?

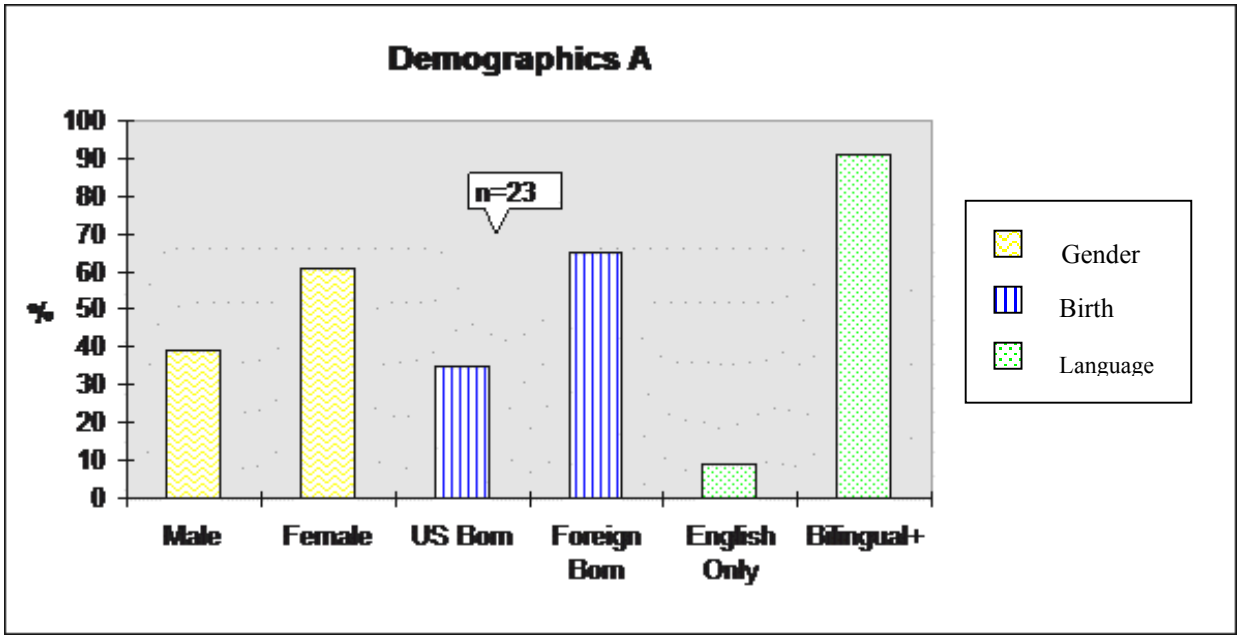
11. What media format (radio, TV, newspaper etc) would be most effective in reaching your community with anti-tobacco messages?

Tobacco Policy

12. What types of tobacco rules and regulations currently exist in your neighborhood, county, state, and across the nation? Are the people in the community aware of any or all of these efforts?

Appendix: Demographics Percentage

	Male	Female	US Born	Foreign Born	English Only	Bilingual+
Percentage	39	61	35	65	9	91



Appendix: Tobacco Use & Exposure

X-smoker	ETS
48	35